

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5330



December 2, 1983

ALL-COUNTY INFORMATION NOTICE I- 129-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED CA 71(10/83) STATEMENTS OF AFDC MOTHER AND UNRELATED ADULT MALE

REFERENCE:

Attached is a copy of the revised Form CA 71, Statements of AFDC Mother and Unrelated Adult Male and instructions for completion. The changes are a result of county suggestions and are intended to enhance the form's usefulness. The changes are:

Front

Statement 2 - Has been completely reworded to cover situations where the UAM moves in with the AFDC mother and vice versa.

Statement 3 - Added "/or" after the word "and" for clarity.

Statement 4 - Added the beginning phrase "to the best of my knowledge" and a box to allow the AFDC mother to check when the information is not known. This change was made for consistency and clarity.

Statement 8 - Deleted the word "my" and replaced with "our" for clarity.

Back

Unrelated Adult Male's Statement - Lead paragraph first sentence, deleted the words "acknowledge that I have been informed", inserted the words "am aware".

Counties may continue to use the current version of the CA 71(3/83) until supplies are exhausted. Counties wishing to print their own supplies may use the attached reproducible copy (10/83).

As soon as regular supplies are available from the DSS warehouse, you will be notified so that you can order supplies in the usual manner. Spanish translations of the CA 71 form should be available within a month of the English.

If you have questions about the revised CA 71, please contact your AFDC Policy Implementation Consultant at (916) 322-5330.


for KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

INSTRUCTIONS

FORM NUMBER/NAME: CA 71, Statements of AFDC Mother and Unrelated Adult Male

TYPE: Required Form - Substitute Permitted

PURPOSE: The CA 71 is used by all counties in all cases in which an Unrelated Adult Male who is neither a roomer or boarder is living with an AFDC household in which the mother is included as the needy caretaker. State Law requires that an UAM under these conditions must contribute to the household an amount not less than what it would cost him to maintain an independent living arrangement as defined by DSS. The amount of the UAM's income that is available to the FBU cannot be assumed by the county welfare department. Therefore, a statement of the household's financial arrangements between the AFDC mother and the UAM is required. When completed, the CA 71 provides the EW with essential information relative to the actual amount of the UAM's contribution, the household's financial arrangements, and assists in determining the amount of aid to which the household is eligible.

The CA 71 is mandatory, although modifications to the form may be made subject to the prior written approval of DSS. Submit modification requests to the DSS AFDC Program Management Branch.

COMPLETION: The CA 71 is to be filled in as completely as possible by the AFDC mother and signed by the mother and the UAM.

NOTE: For purposes of this requirement, both discussion and the written statement should be limited to the fiscal and monetary arrangements between the mother and the UAM.

- The EW should complete the "County Use Only" section on the front side by entering:

- Case Name
- Case Number
- Worker Name
- Worker Number

The EW should also enter the county name in the appropriate space.

AFDC MOTHER'S STATEMENT

- The AFDC mother should complete the introductory statement by entering her name in the space provided and filling in items (1) through (9) as completely as possible.

- (1) Print name of UAM
- (2) Enter date the UAM and AFDC household began living together
- (3) Enter the UAM's monthly gross income including earnings and other income. If the amount is not known, check the box as requested.
- (4) Enter the UAM's monthly work-related expenses for the specified items. If the amount is not known, check the box as requested.
- (5) Enter the number of unaided persons in the home the UAM is supporting.
- (6) Enter the monthly amount the UAM contributes to meet the needs of the FBU.
- (7) Enter the amount the UAM contributes which is conditional on its use for non-need items for the FBU, unrelated adult or any other person.

- (8) Enter the total costs for the items indicated, the amount paid by the AFDC mother, the amount paid by the UAM and to whom it was paid.
- (9) If yes, explain which item(s) of need the FBU receives from the UAM in exchange for a different item.

The AFDC mother should read and must sign or make her mark on the certification statement and enter date and county where signed. If the AFDC mother is unable to sign, a witness signature and date signed is required.

UNRELATED ADULT MALE'S STATEMENT

The UAM should read the statement of understanding and certification prior to signing. He must sign it or make his mark and enter date and county where signed. If the UAM is unable to sign, a witness signature and date signed is required. His refusal to sign will result in referral of the matter to the District Attorney.

COUNTY USE ONLY

For EW use to enter other relevant information such as: items verified, dates, etc.

STATEMENTS OF AFDC MOTHER AND UNRELATED ADULT MALE

A statement of financial arrangements must be made when an unrelated adult male is living with an Aid to Families with Dependent Children (AFDC) household in which the mother is included as the needy caretaker. An unrelated adult male other than a roomer or boarder residing with your family must contribute to your family an amount not less than what it would cost him to maintain an independent living arrangement as defined by the Department of Social Services.	COUNTY USE ONLY	
	CASE NAME	
	CASE NUMBER	
	WORKER NAME	WORKER NUMBER

To: _____ County Welfare Department

AFDC MOTHER'S STATEMENT

I, _____, the undersigned, am the mother of one or more children for whom I am applying for or receiving AFDC. I have been informed of the requirements of the AFDC program with respect to an unrelated adult male who lives with an AFDC family. There is an unrelated adult male living with us. I submit the following information regarding him and the financial arrangements we have entered into:

- (1) His name is (Print) _____
(FIRST MIDDLE LAST)
- (2) We have lived in the same household since (Enter date) _____
- (3) To the best of my knowledge, he has monthly earnings and/or other income which total about \$ _____
If amount is not known, check here ☐ (GROSS INCOME)
- (4) To the best of my knowledge, he has monthly work-related expenses, (including transportation, child care and mandatory payroll deductions), which total about \$ _____
If the amount is not known, check here ☐
- (5) The number of his dependents living with us is _____
- (6) He contributes \$ _____ each month to help me and my children with our housing, utilities, food and clothing expenses.
Explain how: _____
- (7) In addition to the amount in Item (6), he gives me \$ _____ each month to cover specific expenses.
Explain: _____

(8) Our monthly household expenses are:

Item	Total Cost	Amount I Pay	Amount He Pays	Paid To
Rent or House Payment	\$	\$	\$	
Utilities	\$	\$	\$	
Food	\$	\$	\$	
Clothing	\$	\$	\$	

9. There is an agreement between us to exchange one or more of the items in 8: ☐ Yes ☐ No

If Yes, explain:

I certify through my signature that each of the statements given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in the facts presented in this statement.

SIGNATURE (OR MARK) OF AFDC MOTHER	DATE SIGNED	COUNTY WHERE SIGNED
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR APPLICANT/RECIPIENT		DATE SIGNED

UNRELATED ADULT MALE'S STATEMENT

I, the undersigned, am aware of the requirements of the AFDC program with respect to an unrelated adult male who lives with an AFDC family. I understand that the unrelated adult male (a) must by law contribute to the family each month an amount at least equal to the cost to him of living elsewhere in an independent living arrangement, in accordance with the standard set by the Department of Social Services; and (b) must by law sign a statement regarding his financial arrangements with the AFDC mother with whom he is living; and (c) must be reported to the district attorney if he refuses to make the required contribution or refuses to sign the required statement.

The information requested above was entered on this statement before I signed my name.

I certify through my signature that each of the statements given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in this statement while I am in the household.

SIGNATURE (OR MARK) OF UNRELATED ADULT MALE	DATE SIGNED	COUNTY WHERE SIGNED
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR THE UNRELATED ADULT MALE		DATE SIGNED

COUNTY USE ONLY